

**FEC  
FORM 3P**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

☐

Check if different  
than previously  
reported. (ACC

CITY

STATE

ZIP CODE

2. **FEC IDENTIFICATION NUMBER** ▶

C

3. **THIS REPORT IS FOR** Primary ☐ or General ☐

4. **TYPE OF REPORT** (Choose One)

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3)  
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10)) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election  
on  /  /

☐ Twelfth day report preceding  election  
on  /  /  in the State of

Is this Report an Amendment?

☐ yes ☐ no

5. **Covering Period**

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

Report Covering the Period:

From:

Diagram illustrating three types of DNA sequences: M M, D D, and Y Y Y Y, each with a small square below it.

To:

## SUMMARY

- |     |   |  |
|-----|---|--|
| 6.  | CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....   |  |
| 7.  | TOTAL RECEIPTS THIS PERIOD<br>(From Line 22, Column A, Page 3) .....                              |  |
| 8.  | SUBTOTAL<br>(Lines 6 and 7) .....   |  |
| 9.  | TOTAL DISBURSEMENTS THIS PERIOD<br>(From Line 30, Column A, Page 2) .....                         |  |
| 10. | CASH ON HAND AT CLOSE OF THE REPORTING PERIOD<br>(Subtract Line 9 from 8.....)                    |  |
| 11. | DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE<br>(Itemize All on Schedule C-P or Schedule D-P)..... |  |
| 12. | DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE<br>(Itemize All on Schedule C-P or Schedule D-P)..... |  |
| 13. | EXPENDITURES SUBJECT TO LIMITATION .....  |  |

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)  
 (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....

15. NET OPERATING EXPENDITURES  
 (Subtract Line 20a, Column B from 23, Column B, Page 2).....

NAME OF COMMITTEE (in Full)

Report Covering the Period:

From:

To:

## I. RECEIPTS

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

16. FEDERAL FUNDS (Itemize on Schedule A-P) .....		
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....		
(ii) unitemized .....		
(iii) Total contributions .....		
(b) Political Party Committees .....		
(c) Other Political Committees .....		
(d) The Candidate .....		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....		
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....		
(b) Other Loans .....		
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....		
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....		
(b) Fundraising .....		
(c) Legal and Accounting .....		
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....		
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....		

NAME OF COMMITTEE (in Full)

Report Covering the Period:

From:

To:

## II. DISBURSEMENTS

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

- |  |  |  |
|--|--|--|
| 23. OPERATING EXPENDITURES.....  |  |  |
| 24. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                      |  |  |
| 25. FUNDRAISING DISBURSEMENTS .....  |  |  |
| 26. EXEMPT LEGAL AND<br>ACCOUNTING DISBURSEMENTS.....                      |  |  |
| 27. LOAN REPAYMENTS MADE:  |  |  |
| (a) Repayments of Loans made or Guaranteed<br>by Candidate.....            |  |  |
| (b) Other Repayments .....   |  |  |
| (c) TOTAL LOAN REPAYMENTS MADE<br>(Add 27(a) and 27(b)).....               |  |  |
| 28. REFUNDS OF CONTRIBUTIONS TO:   |  |  |
| (a) Individuals/Persons Other Than Political<br>Committees.....            |  |  |
| (b) Political Party Committees.....  |  |  |
| (c) Other Political Committees .....                                       |  |  |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(Add 28(a), 28(b) and 28(c)) .....       |  |  |
| 29. OTHER DISBURSEMENTS .....  |  |  |
| 30. TOTAL DISBURSEMENTS<br>(Add 23, 24, 25, 26, 27(c), 28(d) and 29) ..... |  |  |

### III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List) .....

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

ADDRESS (number and street)

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	<div><div></div></div>	<div><div></div></div>
Iowa	<div><div></div></div>	<div><div></div></div>
Kansas	<div><div></div></div>	<div><div></div></div>
Kentucky	<div><div></div></div>	<div><div></div></div>
Louisiana	<div><div></div></div>	<div><div></div></div>
Maine	<div><div></div></div>	<div><div></div></div>
Maryland	<div><div></div></div>	<div><div></div></div>
Massachusetts	<div><div></div></div>	<div><div></div></div>
Michigan	<div><div></div></div>	<div><div></div></div>
Minnesota	<div><div></div></div>	<div><div></div></div>
Mississippi	<div><div></div></div>	<div><div></div></div>
Missouri	<div><div></div></div>	<div><div></div></div>
Montana	<div><div></div></div>	<div><div></div></div>
Nebraska	<div><div></div></div>	<div><div></div></div>
Nevada	<div><div></div></div>	<div><div></div></div>
New Hampshire	<div><div></div></div>	<div><div></div></div>
New Jersey	<div><div></div></div>	<div><div></div></div>
New Mexico	<div><div></div></div>	<div><div></div></div>
New York	<div><div></div></div>	<div><div></div></div>
North Carolina	<div><div></div></div>	<div><div></div></div>
North Dakota	<div><div></div></div>	<div><div></div></div>
Ohio	<div><div></div></div>	<div><div></div></div>
Oklahoma	<div><div></div></div>	<div><div></div></div>
Oregon	<div><div></div></div>	<div><div></div></div>
Pennsylvania	<div><div></div></div>	<div><div></div></div>

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		





## INSTRUCTIONS

(Calculated from FEC Form 3P, page 2. This worksheet must be retained to support, in part, the amount reported on Line 13.)

FEC Form 3P, Worksheet, is for use by a candidate or the principal authorized committee of a candidate, to track expenditures subject to limitation during the primary campaign (2 U.S.C. § 441a(b)(1)(A)). As soon as possible after the beginning of the calendar year, the Commission will publish the adjusted limits to be used during the election cycle. The 20% fundraising exemption will be based on the published overall expenditure limitation.

Line A - From FEC Form 3P, page 2, enter the calendar year-to-date total for operating expenditures.

Line B - Enter the calendar year-to-date total of offsets to operating expenditures.

Line C - Subtract Line B from Line A.

Line D - If reports were filed in a prior year(s), from the year end report(s), enter the calendar year-to-date total for operating expenditures.

Line E - From the year-end report(s) for the prior year(s), enter the calendar year-to-date total for offsets to operating expenditures.

Line F - Subtract Line E from Line D.

Line G - From FEC Form 3P, page 2, enter the calendar year-to-date total for fundraising disbursements.

Line H - Enter the calendar year-to-date total for offsets to fundraising disbursements.

Line I - Subtract Line H from Line G to obtain the net fundraising disbursements for the current year.

Line J - If reports were filed in a prior year(s), enter the calendar year-to-date total for fundraising disbursements from the year-end report(s).

Line K - If offsets to fundraising disbursements were received in a prior year(s), enter the calendar year-to-date total from the year-end report(s).

Line L - Subtract Line K from Line J.

Line M - Add Line I and Line L.

Line N - Enter 20% of the overall expenditure limit as published by the FEC.

Line O - Subtract Line N from Line M. If the result is less than zero, enter -0-. If greater than zero, enter the amount.

Line P - Add Line C, Line F, and Line O to obtain the total of operating expenditures made by the Committee subject to 2 U.S.C. § 441a(b)(1)(A) limitation. The total reflected on Line P, "Total Expenditures Subject to limitation," is carried forward to FEC Form 3P, Page 1, Line 13.

If the candidate has authorized other political committees, the principal campaign committee must first consolidate the calendar year-to-date receipt and disbursement activity on FEC Form 3P, page 4 (Consolidated Report of Receipts and Disbursements). FEC Form 3P, Worksheet, is completed using the appropriate column totals from the current and previous calendar year (if any) consolidation reports.

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

## A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

## B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

## C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only) .....

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

  

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

  

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

M  M /  D  D /  Y  Y  Y  Y

Date Due

M  M /  D  D /  Y  Y  Y  Y

Interest Rate

% (apr)

Secured:

☐ Yes ☐ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**Subtotal Of Receipts This Page** (optional).....▶

**Total This Period** (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS

Supplementary from Information  
found on Page \_\_\_ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

☐☐

No Yes

If yes, date originally incurred:

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

☐☐

No Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

☐☐

No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a

perfected security interest in it?

☐☐

No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

☐☐

No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to

11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

**G.** Type or Print Name of Committee Treasurer

\_\_\_\_\_

Signature of Treasurer \_\_\_\_\_

Date

M	M	/	D	D	/	Y	Y	Y	Y

**H.** Attach a signed copy of the loan agreement.

**I.** TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature of Treasurer

Date

M	M	/	D	D	/	Y	Y	Y	Y

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

11  
12

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....